

UTILITY PATENT APPLICATION TRANSMITTAL		
Address to:		Attorney Docket No.
Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450		SHEN3032/EM
		First Named Inventor (or identifier)
		Yu-Cheng SHEN
		Total Pages
		59

19270 U.S. PTO
10/734286

121503

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	Device And Method For Block Code Error Correction
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1. Submitted herewith are the following:

18 pages of specification, including claims and Abstract.
 5 sheets of FORMAL drawings (Figs. 1, 2, 3, 4A, 4B).
 12 claims.
 1 Oath/Declaration signed by each inventor.
 1 Application Data Sheet.
 1 Assignment of the invention to Sunplus Technology Co., Ltd., Hsinchu, Taiwan, R.O.C.,
 Cover Sheet, and payment of the \$40 recordal fee.
 1 certified copy of Taiwan application no. 092115136. Priority is claimed.
 1 check in the amount of \$810 (\$770- Filing Fee; \$40- Assignment Recordation Fee).

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____.

5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____.

6. Other: _____.

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00	
Total Claims:	12	- 20 =	0	X \$18 =	\$0.00	
Independent Claims:	2	- 3 =	0	X \$86 =	\$0.00	
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176			23364 CUSTOMER NUMBER		Multiple Dependent Claim (add \$290.00):	\$0.00
					Subtotal:	\$770.00
					50% Reduction if Small Entity Status:	\$0.00
Phone: 703-683-0500			Fax: 703-683-1080		Total:	\$770.00
Date:	Name:		Signature:		Reg. No.	
December 15, 2003	Eugene Mar				25,893	